

Placer County Department of Health & Human Services Environmental Health Services

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BACTERIOLOGICAL SAMPLE SITING PLAN

1. **Name of System:** _____
2. **Owner(s):** _____
3. **Number of residences or average number of persons served per month:** _____
4. **Name of certified laboratory:** _____
5. **Name(s) of sampler(s) if not laboratory:** _____

6. **Name(s) and phone number(s) of person(s) laboratory are to be contacted following any positive sample:**

| | |
|--------------------------------|----------------------------------|
| A. Contact #1 Full Name | Day # (_____) Night # (_____) |
| B. Contact #2 Full Name | Day # (_____) Night # (_____) |

7. **Addresses or locations of routine and repeat sample sites:**

| |
|-------------------------|
| Routine #1 _____ |
| Repeat #1 _____ |
| Repeat #2 _____ |
| Repeat #3 _____ |
| Repeat #4 _____ |

8. **Comments:** _____

9. **SUBMITTED BY:** _____ **DATE:** _____

Please Print Name